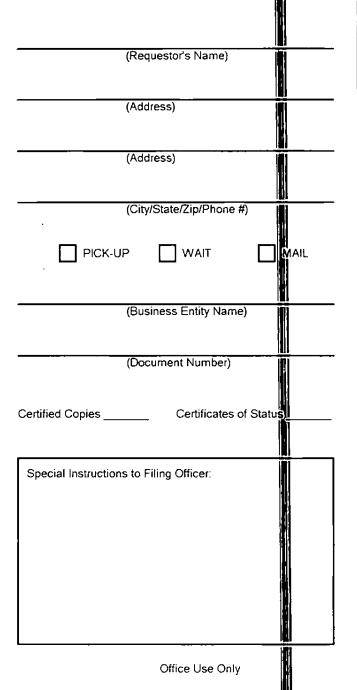
PO10000 38041





400305763144

11/21/17-01006-007#35.00

MNOV 20 P I2 35

HOV 2 7 2017

Mayer

COVERLETTER FO: Amendment Section Division of Corporations SUBJECT: Vantage Home Care Inc. (Name of Corporation) OCCUMENT NUMBER: POL 0 000 88041
DOCUMENT NUMBER: POLOUDO 88641
DOCUMENT NUMBER: POLOUDO 88641
The analysis Designation of Design A Apost for a Community and for the street of C. C.
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ann Kirschner
(Name of Person)
(Name of Firm/Company)
(Address)
20503 Kylemone Dr (Address) Strongsville OH 44149
(City/State and Zip Gode) For further information concerning this matter, please call:
Ann Kirschner at (440)6695365 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions	of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509.	
Florida Statutes, the under	signed Gaylene Connell (Name of Registered Agent)	
	ed Agent for Vantage Home Care Inc (Namo of Corporation)	_
701 0000 880		
(Document Number, if	known	
A copy of this resignation	was mailed to the above listed corporation at its last known addres	SS.
The agency is terminated a	and the office discontinued on the 31st day after the date on which	
this statement is filed. If signing on behalf of an e	(Signature of Resigning Agent)	
	(Typed or Printed Name)	
	(Capacity) NOV 20 Fee for filling this document:	
	\$35.00 Administratively dissolved/voluntarily dissolved/withdrawn corporation	-60

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314